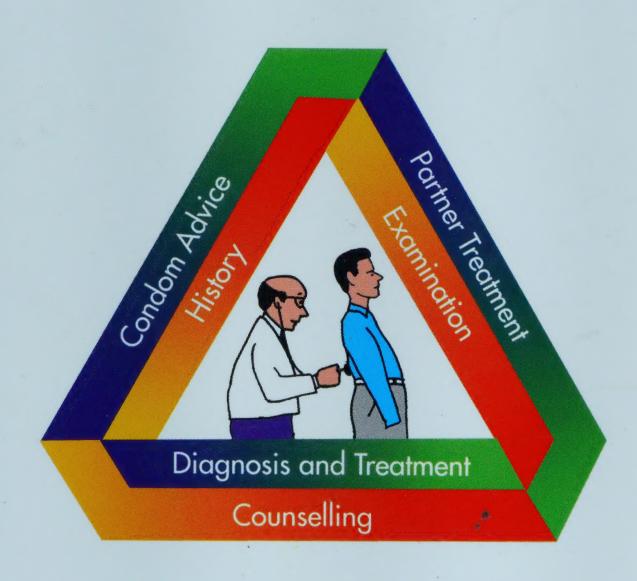
# STD

# HEALTH CARE FACILITY SURVEY IN TAMIL NADU



APAC project is administered by Voluntary Health Services, Chennai with financial assistance from United States Agency for International Development under bilateral agreement with the Government of India.



APAC-VHS Chennai



#### SOCHARA

**Community Health** 

Library and Information Centre (CLIC)

Community Health Cell 85/2, 1st Main, Maruthi Nagar, Madiwala, Bengaluru - 560 068

Tel: (080) 25531518 email: clic@sochara.org www.sochara.org

# STD HEALTH CARE FACILITY SURVEY IN TAMIL NADU

1997 - 98

**A Report** 

**APAC-VHS-USAID** 





	Page N
Abbreviations	2
Foreword	3
Preface	4
Background	6
The need for the study	7
The method and implementation of the survey	11
Findings - Health Care Providers of allopathic medical system	17
Findings - RIMP Health Care Providers	26
Summary and conclusion	33







HCF - Health Care Facility (Clinic or hospital)

HCP - Health Care Provider (Doctor who provides treatment)

WHO - World Health Organisation

CETC - Continuing Education Training Centre

BSS - Behaviour Sentinel Surveillance

PI 6 - Prevention Indicator 6

PI 7 - Prevention Indicator 7

NACO - National AIDS Control Organisation

RIMP - Registered Indigenous Medical Practitioner

### **Foreword**



The AIDS Prevention And Control (APAC) Project of Voluntary Health Services, funded by USAID, has launched intensive intervention to face the challenge posed by the spread of HIV/AIDS in Tamil Nadu, India. One of the important strategies of the project is to control the spread of Sexually Transmitted Diseases (STDs) by making STD services easily accessible, improving the quality of STD services, and enhancing the health seeking behaviour of high risk groups.

APAC-VHS trains private and Government physicians and other health care providers in quality STD care and implementation of cost effective STD services. APAC project found it essential to understand the existing practices of the Health Care Providers (HCPs). This present report documents the findings about the STD Health Care Facility (HCF) in Tamil Nadu. The findings of the study are an eye-opener in rendering STD care and emphasise the need for bringing about behaviour change among HCPs to combat the spread of STDs. I hope, this report will be a useful document for programme managers and agencies implementing HIV/AIDS intervention programmes.

#### Dr. N.S. Murali

Honorary Secretary Voluntary Health Services Chennai.



The spread of HIV/AIDS all over India poses a grave challenge in the areas of health and socio-economic devlopment. Tamil Nadu is ranked second in the country in terms of reported number of HIV infections. Specific efforts have been made in the state to combat the spread of HIV. One such effort is by the Voluntary Health Services - AIDS Prevention And Control (APAC) Project, formulated under a bilateral agreement between the Government of India and the United States Agency for International Development (USAID), to prevent the sexual transmission of HIV in the state of Tamil Nadu. APAC has launched comprehensive intervention projects through thematic approach. Specific targeted intervention, comprising behaviour change communication, Sexually Transmitted Diseases (STDs) care and condom promotion, is implemented in the priority areas of the project. Research studies are conducted by APAC to understand the problems and to refine and strengthen the strategies of APAC. The present report contains the findings of one such study conducted by APAC.

APAC adopts a multi-pronged strategy to combat the spread of the HIV. One of the strategies is to control and prevent sexually transmitted diseases. To achieve this goal, APAC found that it is essential not only to make STD services more easily accessible, but also to improve both the quality STD services and the health seeking behaviour of high risk groups. APAC has selected Continuing Education Training Centres (CETCs) in the state, which train private and government physicians and other health care providers in quality STD care and implementation of cost effective STD services. The main objective of the training of the health care providers is to facilitate them to give quality STD care which includes syndromic case management, compliance to treatment, partner treatment and condom promotion.



APAC found that monitoring the quality of STD care activities in health facilities was imperative. The present study is a baseline survey of the existing STD health care practices in Tamil Nadu, which serves as a benchmark and evaluates the intervention programme of APAC. This monograph presents the findings of the survey.

To facilitate the assessment of quality STD case management, WHO has developed a set of indicators. In these indicators (PI 6 and PI 7) the quality of care provided is expressed in terms of adequacy of the procedure. The procedure covers history-taking, assessment and treatment of patients reporting to health facilities for specific STD treatment, condom promotion and advice given to the patients on partner notification.

The study was conducted in Tamil Nadu in the year 1997-98.



This report contains the findings of the Tamil Nadu STD Health Care Facility (HCF) Survey conducted during December '97 - February 1998. The health facility survey assesses baseline measures of the quality of STD case management by health care providers in Tamil Nadu through the core set of HIV/AIDS prevention related indicators developed by the global programme of the World Health Organisation (WHO) on AIDS.

As already mentioned in the preface, the present study was developed as a tool to measure the work of the APAC project component of prevention and control of STDs. Strengthening of STD care being one of the important strategies of the project, it was essential to obtain baseline information on the quality of the available STD care provided by the HCPs in Tamil Nadu.

The Tamil Nadu STD HCF survey was commissioned by APAC Project and executed by MODE research organisation. The methodology adopted for the health facility survey in Tamil Nadu was based on the methods package provided by global programme of WHO on AIDS to assist the evaluation of National/State AIDS programme. The methodology for conducting the study will be described in the latter chapters of this monograph.

The survey is to be repeated at regular intervals of time, and it provides a series of data for the programme implementors. The monograph will help the programme implementors to get a picture of the present scenario of the STD health care provided in the state and guide to strengthen or modify the existing programme.

# The need for the study



It is evident from the exploratory research studies conducted by APAC and the other studies in the state that the STD patients adopt inadequate management of the disease symptoms. They do not seek treatment immediately for symptoms like white discharge, genital ulcer etc. The Behaviour Sentinel Surveillance (BSS) study conducted in the specific population groups by APAC reveals that they have knowledge regarding the prevention of transmission of STD. However it is noticed that their level of misconception is also high.

The management of the STD symptom starts with home remedy, followed by medicines bought across the counter in medical shops, and visiting the popular doctor recommended by the peers. The doctor could be a practitioner of allopathy or other systems of medicine or even a quack. The care seekers are found to be quite comfortable if the care providers deal with them in a friendly manner without stigmatising them.

It is important to find out whether these health care providers give appropriate treatment. It is equally important to find out whether the individuals with STD, seeking treatment at health facilities are assessed and treated in the appropriate way, according to the national standards, and whether they receive advice on prevention and on condom usage and partner notification.

Keeping the objective in mind the present study was conducted to ascertain the appropriateness of clinical management provided to both the male and female health facility seekers (patients), reporting symptoms of selected STDs (urethral discharge in the case of men and genital ulcer for both men and women). The study is also to determine the proportion of patients reporting complaints of STD, to those who receive appropriate advice regarding the use of condoms and partner notification. It is also to identify the problems and to assess the



potential situations in health care facility support for the appropriate case management of STD.

The STD HCPs in the state practise different systems of medicine, viz. Allopathy, Siddha, Homeopathy, Ayurveda etc. In the present survey it was decided to study the STD health care practices of allopathic medical practitioners and Registered Indigenous Medical Practitioners (RIMPs) of alternative systems of medicine.

The key study indicators, which will follow the progress towards the identified objectives and planned activities of APAC are the Prevention Indicators 6 & 7 of GPA - WHO.

The two indicators read as follows:

The number of individuals assessed and treated in an appropriate way (according to prescribed national standards).

PI 6 = .....

The number of individuals presenting with specific STD in health facilities.

The number of individuals who have received appropriate advice on condom use and partner treatment.

PI 7 = .....

The number of individuals seeking STD care in health facilities.

The standards for Prevention Indicator 6 and Prevention Indicator 7 to be marked positive are highlighted in Table 1.



# Table 1: Standards in bistory taking, examination, diagnosis and treatment

To mark PI 6 positive, the health care providers had to meet the standards in history taking, examination, diagnosis and treatment.

#### HISTORY TAKING

- Enquiring about symptoms
- Enquiring about onset/duration of symptoms
- Enquiring about recent sexual contacts

#### **EXAMINATION**

#### Male patients should

- Be asked to undress, so that the genitals are fully exposed
- Be examined for urethral discharge
- Be examined for genital lesions after retracting foreskin

### Female patients should

- Be asked to undress, so that the genitals are fully exposed
- Be asked to lie down
- Have the labia separated and inspected

#### DIAGNOSIS AND TREATMENT

Treatment prescribed to be acceptable and in accordance with national guidelines:

To mark PI 7 positive, the health care provider during the case management should provide advice to the health seekers on

- Condom use
- Promoting partner treatment (partner treatment is advising the sex partner for treatment or giving drugs for the partner)



The survey, besides obtaining measures on the above indicators, has also collected data for the following explanatory variables of the STD case management procedure of HCPs.

- Equipment and physical facilities available with HCPs
- Facilities for diagnosis
- Type of diagnosis adopted for providing treatment
- Problems of drugs supply
- Other constraints in case management

# The method and implementation of the survey



A systematic and innovative methodology was designed and adopted for the conduct of the STD HCF survey in Tamil Nadu and a similar methodology will be adopted in the future surveys at repeated regular intervals. The study focussed on both allopathic STD HCPs and the RIMP STD HCPs. The survey was quantitative in nature, using structured questionnaires in order to obtain details on the indicators. The standardised data collection methods recommended by the global programme on AIDS were followed, with certain modifications to suit the socio-cultural needs of the target area. The health care providers were interviewed and the simulated patients also observed the treatment practice. An exploratory research study was carried out to finalise the survey design and data collection methods.

The survey was conducted in 10 sample towns in Tamil Nadu. The methodology adopted for the selection of the towns was that the priority towns of APAC were divided into three groups according to the size of the population. Towns with a population of over four lakhs were classified as group I, those with a population between one lakh and four lakhs as group II and those with less than one lakh as group III. The sample areas consisted of two towns each from groups I and II, and six from group III. The selected towns are listed in Table 2.

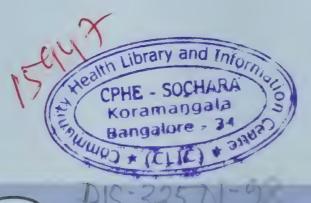




Table 2: List of sample towns

Group classification	Selected towns	Population size
Group I	Chennai Thiruchirapalli	400,000+
Group II	Vellore Pollachi	100,000 - 400,000
Group III	Villupuram Ootacamund Palani Virudhunagar Thiruchengode Namakkal	Less than 100,000

### Selection of the study universe and the respondents

The prevention indicators 6 and 7 were measured on the basis of the data obtained in HCF. A HCF became eligible for observation if it was public, private or non-governmental institution having at least either one medical practitioner of allopathy or an RIMP, who must have seen three or more STD patients in the week prior to the enumeration.

A major exercise was carried out to enumerate the HCFs, both public and private, in the sample towns. At first, a list of all the HCFs in the chosen geographical area was compiled with the help of key local informants like medical officers, administrators, health specialists, besides referring to



telephone directories and advertisements. Ensuring maximum coverage of HCFs necessitated enumeration of three or four times the required sample size of HCFs in each town. The HCPs fulfilling the criterion of treating at least three STD patients a week, were screened and listed out using "A" form of the WHO protocol. This formed the base list for the study. The final list consisting of HCPs who agreed to participate in the study was prepared, omitting those who declined. The form "A" helped to collect details on the number of HCPs in the HCF, number of patients seen by a HCP in a week, working days and timings of the HCP and in particular the convenient time for the HCP to be interviewed. From the final list the HCPs to be included for the study were selected at random.

The sample size of the HCPs to be studied was predetermined. In total 306 health care providers, comprising 153 allopathic medical practitioners and 153 RIMPs, were to be interviewed in the study. The sample size for the two population groups was estimated to measure 10% change in Prevention Indicators (PIs). Among the HCPs interviewed 75 were to be randomly observed by simulated patients. Table 3 shows the distribution of HCPs planned to be interviewed across the sample towns based on the population proportion to size method. Every alternate HCP who was interviewed was to be observed using simulated patient approach.



Table 3: Proposed number of respondents across sample towns

Sample towns	Allopathic HCPs	RIMP HCPs	Total No. of interviews
Chennai	60	60	120
Thiruchirapalli	42	42	84
Vellore	17	17	34
Pollachi	8	8	16
Villupuram	5	5	10
Ootacamund	5	5	10
Palani	5	5	10
Virudhunagar	4	4	8
Tiruchengode	4	4	8
Namakkal	3	3	6
Total	153	153	306

### Procedure and tools for data collection

The procedure that was adopted for the data collection for the present survey, as already mentioned, was to interview the STD health care providers. The simulated patients then observed the HCP for his treatment practice and reported to the interviewer. A simulated patient was a person who had self reported incidence of selected STD condition to the HCP with definite patient characteristics for observing and understanding the treatment procedure and practice of the HCP in STD case management.

The interview was conducted with a structured questionnaire, adopted from the one designed by the Global Programme for AIDS of WHO. The questionnaire was in both Tamil and English. The questionnaire had



appropriate sections for necessary data on the two indicators PI 6 and PI 7. The constructed questionnaire was pre-tested and the learning from the pre-test was incorporated in the questionnaire.

### Pilot study

The health facility survey was preceded by a pilot study. The pilot study helped to test the methodology of data collection, to identify the bottlenecks in conducting the survey, to design the questionnaire and to assess the training needs of the field investigators.

The three methods of data collection that were tested in the pilot study were direct observation of HCP - patient contact, exit interviews with patients and mystery patient approach. The pilot study revealed that all the three methods of data collection were not feasible. Therefore an innovative method of simulated patient approach was formulated.

#### Training of field investigators

The field investigators were found wanting in skills, which were prerequisites for involving themselves in the innovative data collection. The members of the data collection team were trained to improve their skills in conducting interviews with orientation on STD/HIV/AIDS and on methods of data collection. Then they were given necessary training in administering the standardised questionnaire. Intensive field training followed this. The field investigators, who collected data as simulated patients, with specific patient characteristics, were specially trained on methods of reporting to HCPs. In doing so, they subjected themselves to examination and thus observing both



the practice adopted by the HCPs and also the available facility at the clinics, reported appropriately to the field interviewers.

### Data collection, quality control and analysis

Data collection was done in all the selected towns simultaneously in seven weeks. At first the HCPs were interviewed, and then the simulated patient investigators were sent to every alternate HCP interviewed for reporting on the practices of the HCP. The section in the questionnaire on the diagnosis and treatment was filled in by the HCPs themselves. All the allopathic HCPs filled in this section themselves but 20% of the RIMP HCPs just filled in only the name of the system of medicine they practised.

Adequate quality control measures were adopted for the present study. The listing of the HCFs was supervised and the quality was ensured by back checks, The interviewing team was supervised by field supervisors by making 30% accompanied calls. As back checks after the interviews are not favoured in a study of this nature owing to the busy schedule of HCPs the checking was done concurrently through 20% interviews accompanied by the supervisors. The data was scrutinised in the field on a day to day basis and data which fell short of required standards was deleted and substituted by fresh interviews within the same cluster. The questionnaires were scrutinised and coded using a standardised code list.

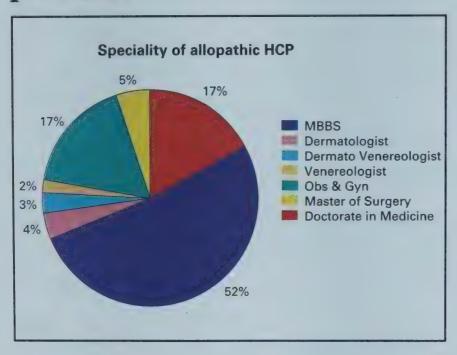
The section on drug prescription in the questionnaire filled in by the HCPs and the prescription provided to the simulated patients were analysed by medical consultants. The analysis was based primarily on categorisation as per the standards of National AIDS Control Organisation (NACO). The data were analysed in SPSS and Microsoft Excel.

# Findings - Health Care Providers of allopathic medical system



The total number of allopathic HCPs interviewed was 170 of which 66 were female HCPs and 104 were male HCPs. 75 of the allopathic HCPs of which 52 males and 23 females were observed using simulated patients.

# Profile, facilities and practice of the allopathic health care providers

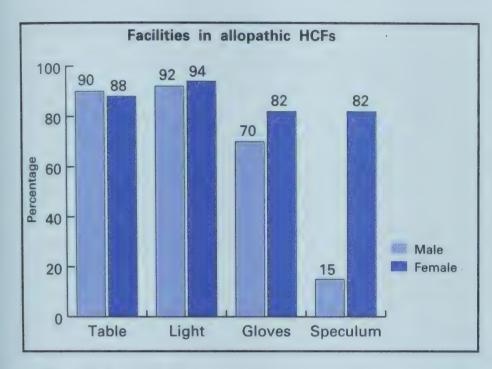


A little over half (52%) of the STD HCPs were general practitioners, with the qualification of MBBS. Only a small proportion of other specialist doctors, like Dermato venereologist (3%) Dermatologist (4%), Venereologist (2%), Obstetrics & Gynaecologist (17%), Doctorate in Medicine (17%) and

Master of Surgery (5%), rendered STD services. Among the 29 HCPs, who were obstetricians and gynaecologists, 27 were females and two males. It is also important to note that a good proportion of female medical practitioners who were obstetricians and gynaecologists were treating STDs.

The facilities, which were available in the clinics of the allopathic STD health care providers, included examination table, examination gloves, and speculum. The following figure indicates the facilities available in the clinics of both the male and female allopathic HCPs. Though both the male and female





STD care providers had facilities like table and light, only a small proportion of male STD service providers had any speculum or gloves in their clinics.

# Whether STD patients are assessed and treated in an appropriate way?

(Prevention Indicator 6)

Number of individuals who are assessed and treated in an appropriate way (according to the prescribed national standards)

PI 6 = .....

Number of individuals presenting with specific STD in HCFs

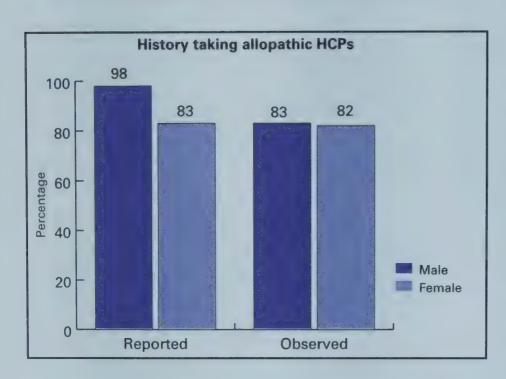
It was ascertained whether the allopathic STD HCPs assessed and treated their patients appropriately according to prevention indicator 6. Before highlighting those observations, it is essential to know about the criteria for proper assessment.

### History taking

The first criterion for assessment in STD case management is history taking, which involves the following steps:



- Enquiring about the symptoms
- Enquiring about the onset and duration of the symptoms
- Enquiring about recent sexual contacts.



The simulated patients observed that 83% of the male HCPs and 82% of the female HCPs followed all the steps of history taking. reported behaviour all the both HCPs. males and females, reported that they asked for present symptoms enquired about and the onset/duration of the

symptoms. 98% of the male HCPs and 83% of the female HCPs made enquiries on recent sexual contacts. All steps of history taking were reported by 98% of the male and 83% of the female health care providers.

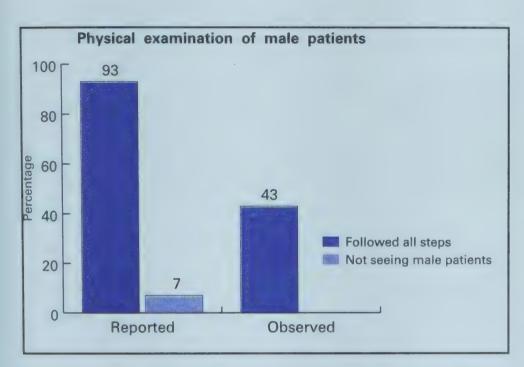
Nearly all the allopathic STD HCPs are taking history of the patients, enquiring about the present symptoms and about the onset/duration of the symptoms. However female HCPs felt that certain patients did not take kindly of history taking on sexual behaviour, and turned hostile, besides abstaining from further treatment.

### Physical examination of male patients

Physical examination of the patients constitutes the next standard of appropriate assessment and treatment. Physical examination of male patients includes



- Asking the person to undress so that genitals are fully exposed
- Examining for urethral discharge
- Examining for genital lesions after retracting foreskin



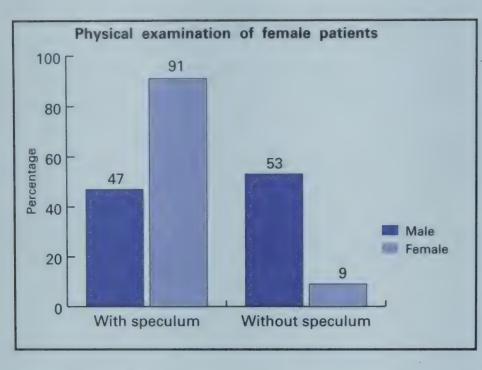
93% of the male HCPs reported that they conducted physical examination on male patients while 5% of them reported that they did not examine the male patients and 2% of them were gynaecologists, who were not at all seeing any male

patients in their clinics. All the male HCPs who reportedly conducted physical examination also reported that they followed all the steps in physical examination. However, in observed practice of the HCPs, only 43% of them followed all the steps prescribed for examination of the male patients for STD case management. Most of them observed the penile lesions by asking the patients themselves to retract the foreskin. Among them only one had physically examined the simulated patient by touching/feeling the genital organs for lesions, using gloves.

### Physical examination of female patients

The steps prescribed for the physical examination of female patients include



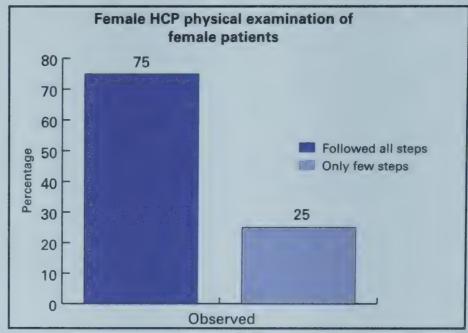


- The patients being asked to undress
- Lie down so that the genitals are fully exposed
- To facilitate examining for lesions on both vulva and labia and for vaginal discharge

Both male and female HCPs reported that they examined their female patients. Female HCPs reported that they

examined their patients themselves, whereas the male HCPs reported that they took the assistance of nurses/helpers of their clinics. When asked whether they used speculum for examination among the 17 male HCPs who were treating

female patients, 47% of them reported that they examined with speculum and 53% without. 58 female HCPs who reported physical examination of their female patients were asked about the usage of speculum, 91% reported that they used speculum for examination



and only 9% examined without speculum.

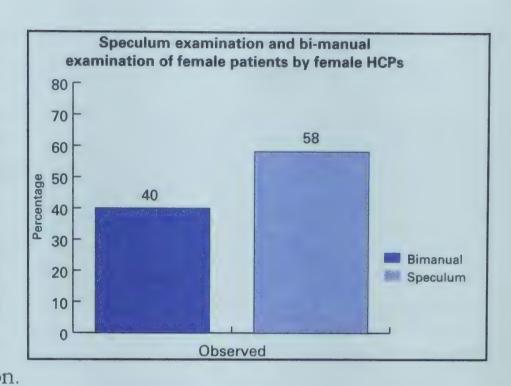
To observe the practice of physical examination of female patients the simulated patients were sent only to female HCPs. When the female HCPs

CPHE - SOCHASA
Koramangala
Bandalore

21



were observed for their practice, 75% of them were found to follow all the steps of physical examination. The speculum examination and bimanual examination practice of the female HCPs were also observed. 63% of the female HCPs did speculum examination, and 38% did bimanual examination.



# Diagnosis and treatment choice of allopathic HCPs for STD syndromes

National AIDS Control Organisation (Ministry of Health & Family Welfare), with the objective of achieving maximum impact from the available services for the clinical management of STD, has prescribed simplified treatment guidelines. The treatment by the HCP was assessed according to the above guidelines. This serves as an important tool to ensure the consistent use of appropriate treatment regimens.

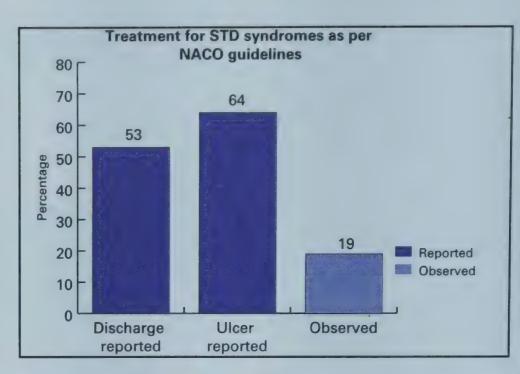
The individual disease syndromes for which the first choice of treatment was taken are:

- Urethral discharge in male and vaginal discharge in female
- Genital ulcer in male and female

In the present survey the treatment provided for the urethral discharge in



males, vaginal discharge in females and ulcer in the genitalia of males and females was assessed. The assessment of reported data reveals that the treatment provided by the HCPs according to the national standards in treating discharges and



ulcers was above average. 53% of the HCPs prescribed appropriate treatment for the discharge and 64% prescribed appropriate treatment for ulcer according to NACO guidelines. 44% of HCPs treat appropriately as per NACO guidelines for both genital ulcer and discharges among male and female patients. Though there is an intent to follow the national guidelines in treating STD syndromes, only 19% of the HCPs actually practised it as observed by the simulated patients.

# Whether STD patients were advised on condoms and partner treatment?

(Prevention Indicator 7)

Number of individuals seeking STD care in HCF who have received appropriate advice on condom use and partner treatment

PI 7 =...

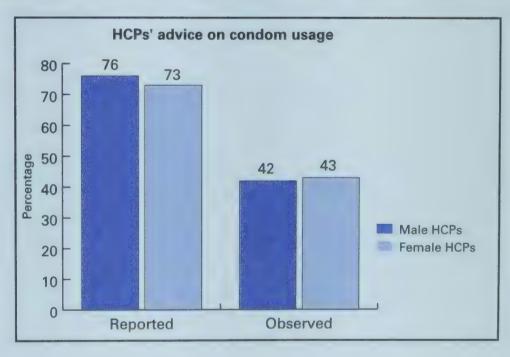
Number of individuals seeking STD care in HCF



The allopathic HCPs when asked whether they advised their patients on condom usage, 76% of the male HCPs and 73% of the female HCPs reported positively of having advised on condom. However in actual practice only 42% of the male HCPs and 43% of the female HCPs had advised on condom usage.

Partner treatment is an integral part of STD case management. It remains almost impossible to treat the partner in most of the cases. Most of the encounters are among faceless floating population, that the individuals can

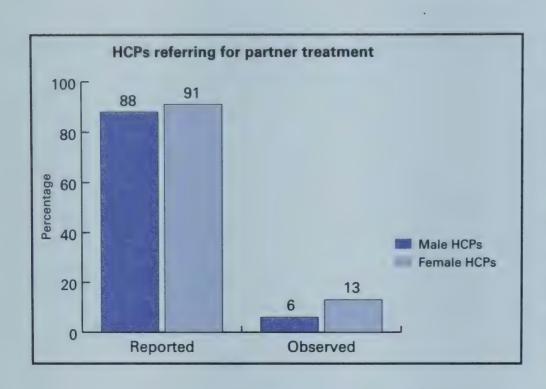
never be identified. The rest would conceal their identity for fear of social disgrace and the stigma inherent to STDs. But it is imperative that the HCPs convince the patients about the dire necessity of their regular partners like wives and girl friends



taking treatment. Hence the HCPs enquiring about their regular partners and making the patients aware of the transmissible nature of the disease and thereby persuading them also for their treatment becomes an important step in STD case management.

In reported behaviour, higher percentage of HCPs claimed to have advised on partner treatment. 88% of the male HCPs and 91% of the female HCPs replied





positively of advising the partners for treatment. However, in observed behaviour only 8% of the HCPs have actually done partner treatment. 6% of the male HCPs and 13% of female HCPs advised the patients on partner treatment

#### Final score for PI 6/PI 7 indicators

#### Prevention indicator 6

ALLOPATHIC HCP

Standards	Reported [N: 170]		Observed [N:75]		
History taken	157	92%	62	83%	
History & examination	150	88%	37	50%	
History, examination & treatment	75	44%	14	19%	
PI 6	44%		44% 19%		0%

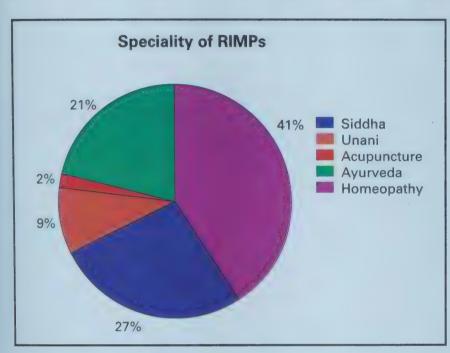
Standards	Reported [N: 170]		Observed [N:75]	
Advice on condom usage	127	75%	32	42%
Advice on partner notification	152	89%	6	8%
Condom usage + partner notification	119	70%	3	4%
PI 7	70%		4	%



# Findings - RIMP Health Care Providers

The total number of RIMP health care providers interviewed was 150 of which 127 were males, 23 were females. 76 of the indigenous HCPs of which 62 males and 13 females were observed using simulated patients.

## Profile, facilities and practice of RIMP Health Care Providers



The Registered Indigenous Medical Practitioners (RIMPs) practise various systems of indigenous medicine. Nearly half (41%) of the RIMP HCPs followed Homeopathy, 21% Ayurveda, 27% Siddha, 9% Unani and 2% Acupunture. Of the total 150 RIMPs, 127 were males and 23 females.

The facilities available in the clinics of RIMP HCPs included examination tables, examination gloves and speculum. Though both the male and female RIMP HCPs had the facilities, the female RIMP HCPs were better equipped in their clinics than the male HCPs. Yet among female RIMP HCPs only 3% had speculum.

# Whether the STD patients are assessed and treated appropriately by the RIMPs?

(Prevention Indicator 6)

Number of individuals in HCFs assessed and treated in an appropriate way (as prescribed in the national standards)

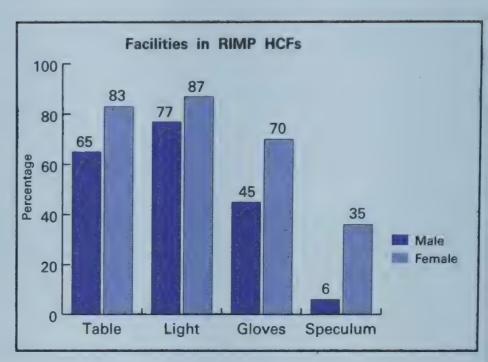
PI 6 =

Number of individuals presenting with specific STDs in HCF



### History taking

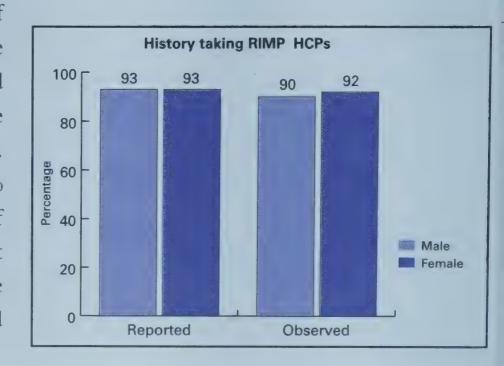
The performance of RIMP STD HCPs providing STD services for the patients was assessed as per PI 6 to find out whether they gave appropriate treatment to the STD patients. The first criterion for the indicator 6 for assessment in STD case management is history-



taking. The history taking involves the following steps.

- History of symptoms
- Enquiring about the onset/duration of the symptoms
- Enquiring about recent sexual contacts

In history taking, majority of the RIMP HCPs, both male and female (93%), reported that they followed all the steps of history taking. Among male RIMPs, 98% asked about the nature of present symptoms and about the onset and duration of the symptoms, and 94% enquired

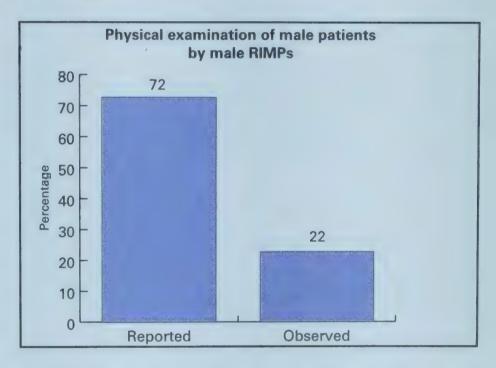




about recent sexual contacts. Among the female RIMPs 96% stated that they enquired about the nature of present symptoms, onset and duration of the same, and 83% about the recent sexual contacts. In observed practice 90% of the male and 92% of the female RIMPs followed all the steps in eliciting the history.

### Physical examination of male patients

Regarding the physical examination of the male patients in reported behaviour, 72% of the RIMP HCPs claimed to be positive by following all the steps of physical examination of male patients and 9% of the female RIMP HCPs reported that they did not examine but

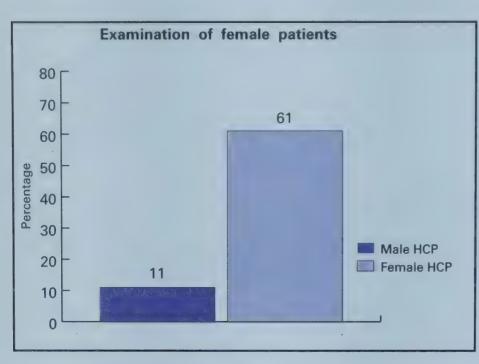


attended to male STD patients. However in observed behaviour, only 22% of the male RIMP HCPs followed all the steps. It was further observed that none of these RIMP HCPs either used gloves or touched the genital of the patients while conducting the examination.

### Physical examination of female patients

In the standard for the physical examination of female patients, both male and female RIMP HCPs reported that they examined female patients with STD complaints. Among the male RIMP HCPs, 11% reported to have examined





female patients with or without speculum. The percentage of female RIMP HCPs claiming to have examined female patients with or without speculum was 61. Of the female RIMP HCPs, who claimed to have examined female patients, 57% reported that they used

speculum and rest did not.

The steps of the physical examination included undressing the patients and making them lie down, so as to expose the genital and facilitate separation of labia for examination. Of the 12 female HCPs observed by the simulated patients, only one followed all the steps in examining the female patients. Adequate light during examination was used only by 25% of the female RIMP HCPs and none of the HCPs had followed speculum or bimanual examination. Female simulated patients were confined to female HCPs only.

# Diagnosis and treatment choice of RIMP HCPs for STD syndromes

National AIDS Control Organisation (Ministry of Health & Family Welfare), with the objective of achieving maximum impact from the available services for the clinical management of STD, has prescribed simplified treatment guidelines. The treatment by the HCPs was assessed according to the above guidelines.



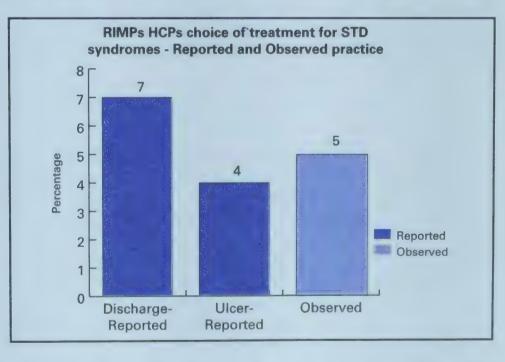
This serves as an important tool to ensure the consistent use of appropriate treatment regimens.

The individual disease syndromes for which the first choice of treatment was taken are

- Urethral discharge in male and vaginal discharge in female
- Genital ulcer in male and female

In the present survey the treatment provided by the RIMP HCPs for the urethral discharge in males, vaginal discharge in females and ulcer in the genitalia of

male and females was assessed. The assessment reveals that the treatment provided by the RIMP health care providers, who had the treatment choice in line with the guidelines given by NACO for individual STD syndromes, was very small in proportion. Out of 150



RIMP HCPs only 37 HCPs prescribed allopathic drugs, along with their indigenous preparations, to their patients. Majority of the RIMP HCPs have faith in their own systems of medicine and generally prescribe drugs from concerned system of medicine of what they practise. Even when they prescribe some allopathic drugs they continue to dispense indigenous medicines of their systems. Among the RIMP HCPs 7% prescribed appropriate treatment for the urethral discharge for male and vaginal discharge of female



and 4% prescribed appropriate treatment for ulcer according to the NACO guidelines. In observed behaviour only 5% of the RIMP HCPs met the standards prescribed by NACO for treating the reported STD syndromes.

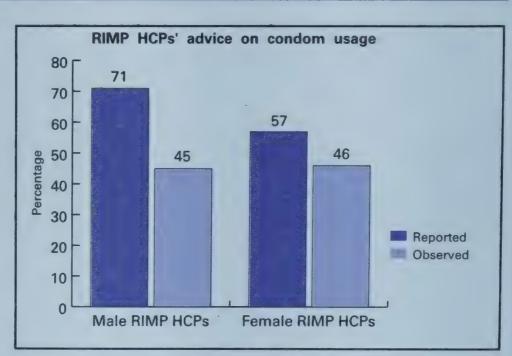
# Whether STD patients were advised on condoms and partner treatment by the RIMP HCPs?

(Prevention Indicator 7)

Number of individuals who received appropriate advice on condom
PI 7 = .....

Number of individuals seeking STD care in HCFs

When the RIMP HCPs were assessed for their role in advising condom usage and partner treatment, as measures for prevention indicator 7, the following observations were made. In the reported behaviour 71% of the male RIMP HCPs and 57% of the female RIMP HCPs



reported positive for advising condom usage to their patients. However in observed behaviour 45% of the male RIMPs advised their patients on condom usage and 46% of female RIMP HCPs advised on condoms.

Partner treatment is an integral part of STD case management. It remains almost impossible to treat the partner in most of the cases. Most of the encounters are among faceless floating population, that the treatment can

Wealth Library

Koran

Rang

PAC-VHS-USA



never be identified. The rest would conceal their identity for fear of social disgrace and the stigma inherent to STD. But it is imperative that the HCPs convince the patients about the dire necessity of their regular partners like wives and girl friends taking treatment. Hence the HCPs enquiring about their regular partners and making the patients aware of the transmissible nature of the disease and thereby persuading partner treatment becomes an important step in STD case management.

In reported behaviour higher percentage of RIMP HCPs had claimed to have advised on partner treatment. 88% of male RIMP HCPs and 78% of female RIMP HCPs replied positively of advising the partner for treatment. However in observed behaviour only 8 male RIMP HCPs and 5 female RIMP HCPs advised patients for partner treatment.

#### Final score for PI 6/PI 7 indicators

#### Prevention indicator 6

#### **INDIGENOUS HCPs**

Standards	Reported [N: 150]		Observed [N: 76]		
History taken	139	93%	70	93%	
History & examination	81	54%	15	20%	
History, examination & treatment	1	0.7%	5	6.7%	
PI 6	0.7%		0.7% 6.7%		7%

Standards	Reported [N: 150]		Observed [N: 76]		
Advice on condom usage	103	69%	35	47%	
Advice on partner notification	126	84%	13	17%	
Condom usage + partner notification	96	64%	8	10.5%	
PI 7	64%		64% 10.5%		.5%

# Summary and conclusion



### Main findings

#### Allopathic HCPs

- Nearly half of the STD HCPs are general practitioners with the qualification of MBBS
- A good proportion of female medical practitioners are obstetricians who treat STD cases
- Clinical facilities like examination table, light, gloves and speculum were available in the HCFs. However only a smaller proportion of male HCPs had gloves

- Over 92% of the allopathic HCPs interviewed reported that they followed all the steps of history taking from the patients who reported STD symptoms.
   When the simulated patients observed, it was found that 83% followed all the steps in history taking
- In the interview 93% of the allopathic HCPs reported that they followed all the steps in physical examination of male STD patients. However in observed behaviour only 43% were found doing this
- It is very important to note that among all the HCPs who examined the male patients, only one examined the patient by touching/feeling the genital organ for lesions using gloves
- Male allopathic HCPs, who reported that they examined female STD patients stated that they took the help of nurses or helpers for this
- Over 90% of the female STD HCPs reported that they used speculum for examining their female patients, but it was only 63% when observed



• The recommended treatment for individual STDs by the STD allopathic care providers was average by national standards

#### Prevention indicator 7

- Higher percentage of male HCPs claimed to have advised their patients on condom usage when compared to the female HCPs but it was not so in observed practice
- A higher percentage (91%) of the male HCPs reported that they advised their patients on partner treatment, whereas 88% of the female HCPs advised their patients for partner treatment. But in practice only a very small percentage of the HCPs advised their patients for partner treatment.
- In overall assessment for prevention indicator 6, 44% allopathic HCPs qualified under reported behaviour. However, in observed behaviour 19% of the allopathic HCPs were qualified
- In overall assessment for the prevention indicator 7, 70% of the allopathic HCPs qualified under reported behaviour, but in observed behaviour only 4% practised

#### RIMP STD health care providers

• The RIMP HCPs practise various systems of medicine. 41% of them were practising homeopathy, 27% siddha, 21% ayurveda and 11% unani

- The RIMP STD health care providers were good in history taking in both reported and observed behaviours
- While 72% of the male RIMP HCPs reported that they followed all the steps of physical examinations but during observation only 22% of the male RIMP HCPs followed all the steps of physical examination



- Among the female RIMP HCPs, 61% reported that they followed all the steps in physical examination. However in observed behaviour among 12 female RIMP HCPs only one followed all the steps of physical examination
- The RIMP STD HCPs, who had treatment choice within the guidelines given by NACO for individual STD cases, were very small in proportion
- 25% of the RIMPs prescribed allopathic drugs along with indigenous preparations
- RIMP HCP preferred to prescribe indigenous medicines
- The treatment choice for treating STD syndromes, based on guidelines prescribed by NACO, was followed only by 7% of the male RIMPs and 4% of the female RIMPs

- 71% of the male RIMP HCPs and 57% of the female RIMP HCPs reported that they advised condom usage to the patients but in observed behaviour, only 45% of the male RIMPs and 46% of the female RIMPs advised on condom usage
- The percentage reported of male and female RIMPs, who advised the patients on partner treatment, was 85% and 78% respectively, but in observed behaviour only 8 male RIMPs and 5 female RIMPs advised on partner treatment
- Regarding prevention indicator 6, in reported behaviour only 0.66% of the RIMP HCPs qualified for this measure. However in observed behaviour 6.66% of the RIMP STD HCPs were qualified
- As far as the prevention indicator 7 is concerned, in reported behaviour 64% of the RIMP HCPs qualified, but in observed behaviour it was only 10.52%





# AIDS Prevention And Control Project Voluntary Health Services

Adyar, Chennai 600 113. INDIA. Phone: 2352965, 2355048. Fax: 91-44-2355018.

e-mail: apacvhs@vsnl.com